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In the United States Patent & Trademark Office  
Status Inquiry

Applicant: Jaeger, Denny

Serial No: 10/671.950

Title: Method for Recursive Spacing and Touch Trans

Docket No. 4339

Examiner: unknown

Filing date: 09/26/2003

GAU: 2156

Previous Status Request: none

Previous Time Estimate: none

Commissioner for Patents  
PO Box 1450  
Alexandria VA 22313-1450

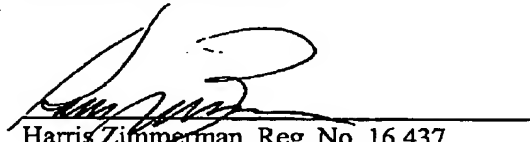
The undersigned respectfully requests that he be advised of the current status of this case, which is pending in the United States Patent & Trademark Office.

If a previous status request has been filed, and if the estimate of time has not changed from that stated in the Office's response and noted above, no response to this Request is necessary.

I hereby certify that this correspondence is being facsimile transmitted to the USPTO at 571-273-8300 on the date below written.

Date: 03/14/2007

Respectfully submitted,



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Attorney for Applicant(s)

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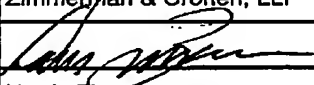
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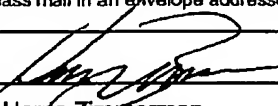
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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/671.950	
	Filing Date	09/26/2003	
	First Named Inventor	Jaeger, Denny	
	Art Unit	2156	
	Examiner Name	unknown	
Total Number of Pages in This Submission	2	Attorney Docket Number	4339

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input checked="" type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Zimmerman & Cronen, LLP		
Signature			
Printed name	Harris Zimmerman		
Date	03/14/2007	Reg. No.	16,437

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